FEMALE GENITAL MUTILATION POLICY

Introduction

Female Genital Mutilation (FGM), also known as female circumcision or cutting, is a procedure where the female genital organs are injured or changed when there is no medical reason for doing so. Any such procedure is illegal in the UK. It has no health benefits, causes severe harm and pain, and can have long-term physical and psychological effects for those affected.

FGM is prevalent in many African countries as well as in parts of the Middle East and Asia. The reasons behind such procedures are complex and varied, but they are often carried out in the misplaced belief that the procedure will be beneficial for the girl or woman.

The procedure may be carried out when the girl is newborn, during their childhood or adolescence, at marriage or during a first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8, therefore girls within that age bracket are at a higher risk.

Promoting Awareness of FGM

It is good practice to raise awareness in the practice about the issues surrounding FGM. This can be done through discussion, circulating and displaying copies of FGM leaflets and posters, and including issues such as FGM within domestic violence, safeguarding, and other relevant training.

Staff should be made aware that FGM is a complex and sensitive issue that requires professionals to approach the subject carefully. For advice on this see **Appendix A**, below.

Identifying FGM

Health professionals are required to record the presence of FGM in a patient's healthcare whenever it is identified through the delivery of NHS healthcare. If it is found that a patient has suffered FGM, referral to a specialist FGM clinic should always be considered.

Law and policy allow for disclosure where it is in the public interest or where a criminal act such as FGM has been perpetrated. However, health professionals must note the distinction between adults and children when reporting cases of FGM:

- From October 31st 2015, it is mandatory for doctors and nurses to report cases of FGM in girls aged under 18 to the police where it has been 'visually confirmed' or 'verbally disclosed' and there is no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth. Such cases must be reported within a month unless there are found to be 'exceptional' circumstances involving safeguarding issues.

- FGM is child abuse and should be dealt with as such. Under section 47 of the Children Act 1989, anyone who has information that a child is potentially or actually at risk of significant harm is required to inform social care or the police. Professionals must always respond by informing social services or the police, who will then conduct their own enquiries.

- It is important to note that as with domestic violence and rape, if an adult woman has had FGM and this is identified through the delivery of NHS healthcare, the patient's right to patient confidentiality must be respected if they do not wish any action to be taken. No reports to social services or the police should be made in these cases.

The most significant risk factors that indicate that patients may be at risk of FGM are coming from a community known to practice FGM or having a mother or sister that has been affected.
If patients present within surgery and either of these factors are known it should enable a diagnosis of FGM.

There are a number of clinical situations when GPs and practice nurses may be able to identify patients who have been affected by FGM. These include:

- The registration of new patients from affected communities.
- At the start of pregnancy in women from affected communities. This can be achieved by asking a direct question.
- Patients presenting with symptoms that may suggest they have been affected by FGM, such as UTIs or vaginal soreness.
- Instances when patients from affected communities refuse cervical cytology or experience pain or distress during the test.
- When immunisations are requested for an extended break overseas to countries where the procedure is practiced.

Prevention

A primary role of the practice in terms of FGM is prevention, and protecting girls or women at risk of FGM. If there is any concern that a child is at immediate risk of FGM or has had FGM, a referral must be made to social services or the police.

Where it is believed that an individual has undergone FGM, staff must also consider the risks to other girls and women who may be related to or living with her and/or her family.

Counselling

The practice will also endeavour to support those people living with the effects of FGM. All girls or women who have undergone FGM will be offered counselling to address any psychological or emotional problems they may have as a result of having FGM. Boyfriends, partners and husbands will also be offered counselling.

The woman should be offered counselling sessions privately, taking into account that she may not want to make any such arrangements while her boyfriend, partner, husband or other family members are present. Professionals should be aware that there may be coercion and control involved in the situation, which may have repercussions for the girl or woman, and should have these discussions with the woman on her own whenever possible.

Currently in Oxfordshire, there is a specialist support service called the Rose Clinic that patients can self-refer to or be referred to directly for support and further counselling and advice.

Here is a link to the OSCB tool for how to screen for FGM and what to do next:

http://oxfordshirescb.proceduresonline.com/client_supplied/fgm_screening_tool_final_edited_080616.docx

Here is a link for additional information for healthcare professionals:

http://www.oscb.org.uk/wp-content/uploads/FGM-At-A-Glance-2016.pdf

Here is a link on how to access the Rose Clinic (a confidential and VERY good service run by Dr Brenda Kelly offering all kinds of support to girls and women affected by FGM) – you can call them for information as well:

http://www.ouh.nhs.uk/women/gynaecology/rose-clinic.aspx

Anyone who has been affected or is at risk of FGM (or has an affected family member) should have one of the following codes in their EMIS records:

- At risk of FGM 13VY
- FGM K578
- Family history of FGM 12b

Appendix A: Checklist for Approaching the Topic of FGM

If you suspect someone is a victim or potential victim of FGM, the following guidelines can be used to approach the topic sensitively and discretely:

✓ Create the opportunity to see the individual alone in a secure location, even if they are accompanied

✓ Ensure a female professional is available to speak to the individual if this is their preference

✓ Reassure the individual about confidentiality and explain that you will not pass on any information to their family, friends or members of the community

✓ Explain all the options open to the individual and their possible outcomes

✓ Be sensitive to the intimate nature of the subject, and recognise and respect the individual's wishes

✓ Take detailed notes and record them safely

✓ Affirm that the individual can return to speak to you at another time if they wish

✓ Where necessary, provide contact details or help the individual to memorise your contact details and/or those of a support agency. Agree a way to make contact safely, e.g. agree a code word.

✓ Collect information about the urgency of the situation to determine whether there is a need for immediate police involvement

✓ Seek advice if you are unsure how to proceed